



PATENT
450100-02622

2641 \$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

7/a
W. Lawson
2/4/04

Applicant(s) : Tomoko OYABU et al.
Serial No. : 09/627,725
For : PROGRAM GUIDE INFORMATION PROVIDING
DEVICE, PROGRAM DEVICE INFORMATION
PROVIDING SYSTEM, INFORMATION
RECEIVING DEVICE, REMOTE OPERATING
SYSTEM, AND METHOD THEREOF
Filed : July 28, 2000
Examiner : Son P. HUYNH
Art Unit : 2611

RECEIVED

FEB 02 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
the United States Postal Service as first class mail in an envelope
addressed to: **Commissioner for Patents, P.O. Box 1450,**
Alexandria, VA 22313-1450, on January 22, 2004.

Gordon Kessler, Reg. No. 38,511

(Name of Applicant, Assignee or Registered Representative)

Gordon Kessler
Signature
January 22, 2004
Date of Signature

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

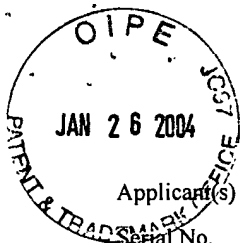
In response to the outstanding Office Action dated October 24, 2003, please

amend this application as follows:

01/29/2004 SDENBOB1 00000065 09627725

01 FC:1202

360.00 OP



PATENT
450100-02622

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Technology Center 2600

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	40	Minus	** =20	* 20 x	\$18 (9)	= \$ 360
Independent claims	8	Minus	*** =8	* 0 x	\$84 (42)	= \$ 0
Total additional fee for this amendment						\$ 360

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.

☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.

☒ A check in the amount of \$360.00 is attached, which covers the cost of ☒ additional claims _____ petition for extension of time.

☐ Charge \$ _____ to Deposit Account No. 50-0320.

☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 22, 2004.

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature

January 22, 2004

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

Gordon Kessler
By: Gordon Kessler
Reg. No. 38,511